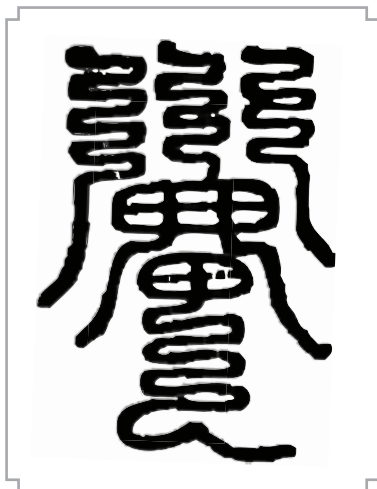


In the spring of 2011 Heiner Fruehauf, PhD, LAc sat down with his student and colleague, Bob Quinn, DAOM, LAc to discuss the finer points of “Brain Gu” syndrome, specifically as it pertains to the treatment of Lyme Disease. This discussion is best understood as a follow-up to and elaboration of the ideas presented in Heiner and Quinn’s earlier interview about Gu syndrome published in the fall of 2008.

Lyme Disease

AN IN-DEPTH INTERVIEW WITH HEINER FRUEHAUF

Quinn: Welcome Heiner. It is nice to sit and have a cup of tea with you to discuss one of the most perplexing health conditions of this time, Lyme disease. I wanted to start by establishing your own experience in this area.



Heiner: I have been seeing Lyme patients since the time I started my practice, more than 20 years ago. At first I wasn't aware of what I was treating. I was differentiating symptoms and tried to devise a traditional diagnosis that fit the overall picture as closely as possible. I see this conversation as a follow-up to our earlier discussion on *Gu* Syndrome. After many years of treating Lyme disease with Chinese herbs, I can say with great certainty that, from a classical Chinese perspective, Lyme is a specific type of *Gu* Syndrome.

When I initially began my *Gu* Syndrome research, I saw a number of patients who were young Peace Core volunteers returning from Africa and South America with intestinal parasites. Most likely, they were suffering from a combination of different protozoan infections. These infections wouldn't go away with the conventional Chinese treatments for parasitic diarrhea, or bloating and constipation. In addition to a host of chronic digestive symptoms, I found a prevalence of mental/cognitive symptoms in these patients, such as anxiety and insomnia. I soon felt that the clinical methods I was familiar with

at the time were not adequate to solve this clinical picture.

Fortunately, at this point in my career I still had plenty of time to shift into research gear. After immersing myself in a lot of clinical case studies preserved in pre-modern China's medical literature, I came across the concept of *Gu* Syndrome. The word *Gu* is one of the oldest Chinese characters. Hexagram Eighteen of the ancient *Yijing* (Classic of Change) is entitled *Gu* 蠱: Rottenness. One frequently comes across the word in Chinese language, but never really considers it, including native Chinese speakers. It is like the word "magic" in the English language. You use it to conjure up an atmosphere, but never think about what it really means.

As a clinical concept, I found *Gu* most interesting. Every major medical book in ancient China, starting with the *Neijing* (Yellow Emperor's Classic of Medicine), mentions *Gu* as something that is common, yet very entrenched and difficult to treat. The most remarkable diagnostic advice I gleaned from these texts is that our regular diagnostic parameters won't get traction in patients suffering from *Gu* syndrome. *Gu* patients, for instance, manifest with symptoms that look like spleen *qi* deficiency, yet the normal methods to treat their fatigue, bloating, and digestive issues do not work. As a matter of fact, they may get worse with conventional treatment. It is one of the diagnostic parameters of *Gu* syndrome that the herb Renshen (ginseng), generally regarded as the prototypical spleen *qi* tonic, is contraindicated in this condition and will worsen symptoms. It appears that in a *Gu* patient, Renshen, Dangshen (codonopsis) and similar *qi* tonics boost not only the immune system, but invigorate the pathogen as well. Therefore, one classical *Gu* expert once stated that "*Gu* syndrome may look like chronic diarrhea, but if you treat it like the regular type of diarrhea it does not work. It may look like chronic constipation, but if you treat it like regular constipation, it does not work."

Incorporating this important yet forgotten clinical advice, I embarked on a journey of more than 15 years of diagnosing and treating people suffering from *Gu* syndrome. In this process, I gradually zeroed in on a group of remedies and herbs that are in a class of their own. Just as modern Chinese physicians have established an anti-cancer materia medica in recent years, I read through all relevant texts and worked to establish an anti-*Gu*—or, in the widest possible sense of meaning, an anti-chronic inflammatory syndrome—materia medica.

THIS IS AN EXCERPT FROM THE FULL
FOURTEEN PAGE ARTICLE.

PLEASE CONSIDER BECOMING A MEMBER
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